

***APPLICATIONS RECEIVED AFTER JULY 31st WILL BE ASSESSED A TWENTY-FIVE DOLLAR LATE FEE.***

***LICENSE APPLICATION  
FOOD ESTABLISHMENT  
EAST ORANGE DEPARTMENT OF LICENSING***

The applicant hereby agrees to comply with the applicable provisions of the City Code. No license shall be transferable. No person shall operate a Food Establishment without a valid license. Fees are as follows:

**Restaurants/Cafeteria/Shelter/Nursing Home/Boarding Homes/Schools/ Day  
Care Centers/Other**

Seating capacity 50 or more	\$112.00
Less than 50 seats	56.00
Health Food Store	56.00
Package Goods/Liquor Store	56.00

**Bakery, Deli, Grocery, Convenience Store** 56.00

<b>Large Chain Stores Including Drug Stores and Supermarkets Up to 5000 sq. feet</b>	<b>112.00</b>
<b>Over 5000 sq feet</b>	<b>224.00</b>

LICENSE NUMBER \_\_\_\_\_ FEE \_\_\_\_\_

DATE \_\_\_\_\_

Trade Name of Establishment \_\_\_\_\_

Address Where License Is Issued \_\_\_\_\_

Name of Applicant \_\_\_\_\_  
First Middle Last

Home Address \_\_\_\_\_  
Number Street City/State Zip

Phone Number \_\_\_\_\_  
Home Business

Restaurant Operated or Owned By Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_

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A. Partnership: List Name & Residence of Each:

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

B. Corporation: Are the names and addresses of present officers and the address of your registered agent on file with the Secretary of State? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Registered Agent \_\_\_\_\_

Address of Registered Agent \_\_\_\_\_

Phone Number \_\_\_\_\_

Seating Capacity of Establishment \_\_\_\_\_

State of New Jersey  
County of Essex  
City of East Orange

**Affidavit**

\_\_\_\_\_ being duly sworn deposes and says that  
(Applicant's Name) he/she is the individual making the foregoing application for a  
Retail Food license and that the answers to the questions contained therein are true.

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
NOTARY SIGNATURE

\_\_\_\_\_  
APPLICANT SIGNATURE

**PLEASE COMPLETE BOTH OF THE ENCLOSED APPLICATIONS AND RETURN BOTH WITH THE PROPER FEE SO THAT WE MAY PROCESS YOUR APPLICATION FOR YOUR RETAIL FOOD ESTABLISHMENT.**

**THE APPLICANT HEREBY AGREES TO COMPLY WITH THE APPLICABLE PROVISIONS OF THE SANITARY AND BUILDING CODE OF THE CITY OF EAST ORANGE AND ALL OTHER RELATED CITY ORDINANCES.**

**NO OPERATION WILL BE PERMITTED AFTER JULY 31ST UNLESS THE OPERATOR SHALL HAVE APPLIED FOR AND RECEIVED HIS/HER NEW LICENSE.**

LEGAL NAME OF FOOD ESTABLISHMENT \_\_\_\_\_

ADDRESS \_\_\_\_\_

BUSINESS PHONE NUMBER \_\_\_\_\_

**TYPE OF ESTABLISHMENT:**

RESTAURANT \_\_\_\_\_ FOOD/GROCERY STORE \_\_\_\_\_ DELI \_\_\_\_\_ SUPERMARKET \_\_\_\_\_

BAKERY \_\_\_\_\_ PHARMACY \_\_\_\_\_ LARGE CHAIN DRUG/FOOD STORE \_\_\_\_\_

SERVICE STATION/ FOOD MART \_\_\_\_\_ CAFETERIA \_\_\_\_\_ SHELTER \_\_\_\_\_

OTHER \_\_\_\_\_

RESTAURANT OWNED BY: INDIVIDUAL \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ CORPORATION \_\_\_\_\_

IS ESTABLISHMENT A NON-PROFIT ORGANIZATION? YES \_\_\_\_\_ NO \_\_\_\_\_

**NAME AND ADDRESS OF OPERATOR OF FOOD ESTABLISHMENT:**

**INDIVIDUAL:**

NAME \_\_\_\_\_

RESIDENCE \_\_\_\_\_  
ADDRESS CITY STATE ZIP

HOME NUMBER \_\_\_\_\_ CELL NUMBER \_\_\_\_\_

**PARTNERSHIP:**

NAME \_\_\_\_\_

RESIDENCE \_\_\_\_\_  
ADDRESS CITY STATE ZIP

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**CORPORATION:**

ARE NAMES AND ADDRESSES OF PRESENT OFFICERS AND NAME AND ADDRESS OF  
REGISTERED AGENT ON FILE WITH THE SECRETARY OF STATE?

YES \_\_\_\_\_ NO \_\_\_\_\_

NAME OF REGISTERED AGENT \_\_\_\_\_

ADDRESS OF REGISTERED AGENT \_\_\_\_\_

\_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

DATE OF APPLICATION \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_

TITLE \_\_\_\_\_